

Adult Competency Restoration Services Report – Effective 9/1/14

Defendant Name: _____ DOB: _____

Referred by (check one & attach): _____ Court Order to CSB or _____ DBHDS Hospital

CSB response letter back to the court: _____ (date) attach for court order or DBHDS referral

Dates of CSB Services: _____ (Start date) to _____ (End date)

Defendant's Primary Diagnosis (check one)

- | | |
|---|---|
| <input type="checkbox"/> Psychotic Disorder | <input type="checkbox"/> Mood Disorder |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Dementia, TBI, or other organic disorder |
| <input type="checkbox"/> Intellectual or other Developmental Disability | |
| <input type="checkbox"/> Other (please specify) _____ | |

Services Rendered:

Initial Assessment (this is required): _____ hours Submit hours in whole or half

Competency Restoration Services: _____ hours numbers, e.g., .5 or 1. Round

Case Management Services: _____ hours up to .5 or full hour.

Outcome Evaluation completed? _____ Yes** _____ No

**Outcome evaluation must be attached if restoration or restoration attempts were completed.

Location Where Services Provided:

☐ Jail ☐ CSB Office ☐ Defendant Home ☐ Other: _____

CSB Disposition of Case - See A or B below and check appropriate option under A or B:

A. Closed After Assessment (check one below)

☐ CSB recommended that the defendant was too disabled to receive outpatient services so was recommended for inpatient after the assessment was completed. Restoration services were not initiated.

☐ Other (please specify why restoration services were not initiated): _____

B. Closed After Restoration Attempts or Completion of Restoration Services (check one below)

☐ CSB recommended that the defendant was restored to competency

☐ CSB recommends that the defendant remains incompetent but is restorable to competency with the following recommendation from the CSB: (check one below)

☐ additional outpatient basis or ☐ inpatient services

☐ CSB recommended that the defendant was incompetent for the foreseeable future (unrestorable) with the following recommendation from the CSB: (check one below)

☐ release defendant or ☐ civilly commit defendant or ☐ order SVP evaluation

☐ Other (please specify): _____

Staff Printed Name

CSB

Staff Signature

Phone #

Date